

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-050143

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

FILED JAN 3 1964

Primary Registration District No.

500

Registrar's No.

3834

VS 300
Rev. 4/59

1 4000

2 4000

3

4 0

5 2

6

7 1

8 2

9 4341

10

11

12 90-0

13

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Uplands Park</u>		Length of stay in 1b <u>2 Years</u>	c. CITY OR TOWN <u>Uplands Park</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3629 Pine Grove Ave.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3629 Pine Grove Ave.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Frank Barkman</u>		4. DATE OF DEATH Month Day Year <u>December 15, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-22-80</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self Employed</u>	9. AGE (last birthday) <u>83</u>
11a. BIRTHPLACE (City and state or country) <u>Pope County, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Mamie E. Barkman</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates) <u>no none</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Carl Rossiger, 3629 Pine Grove Ave. (21)</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Constrictive Heart Failure</u>			INTERVAL BETWEEN ONSET AND DEATH <u>24 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>11-25-61</u> to <u>12-15-63</u> and last saw him alive on <u>1-16-63</u> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) <u>Leonard D. Percine MD</u>		22b. ADDRESS <u>6303 Natural Bridge</u>	
22c. DATE SIGNED <u>12-16-63</u>		23. NAME OF CEMETERY OR CREMATORY <u>Bethany Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>12-17-63</u>	
23c. LOCATION (City, town, county) <u>Golconda, Illinois</u>		23d. DATE RECD. BY LOCAL REG. <u>12-16-63</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Shepard Chapel, 9255 Natural Bridge Rd.</u>		25. REGISTRAR'S SIGNATURE <u>John W. Murphy</u>	

STATEMENT BY LICENSED EMBALMER

working under my personal supervision. _____, Student Embalmer No. _____

Signed Lawrence C. Herling

P. O. Address Bushy No.

3 If embalmed by a STUDENT, he also shall sign in his OWN handwriting. *hansen*